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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/461,968 06/12/2003 PAT 6,913,462  
 which is a CIP of 10/376,325 03/03/2003 \*  
 (\*)Data provided by applicant is not consistent with PTO records.  
*OK CES*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none CES*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 63	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>Shores</i> Examiner's Signature	<i>CES</i> Initials			

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TITLE  
 Dental prostheses modeling system with symmetric double-well trays slidably mountable to articulator

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )